MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number 10/018115			Filing Date		
						Applicant(s)					

4-4-5

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2				1			52						
3				2			53						
4				1			54						
5				1			55						
6				1			56						
7				1			57						
8			—	—			58						
9			1				59						
10				1			60						
11				1			61						
12				1			62						
13			✗				63						
14			✗				64						
15			✗				65						
16			1				66						
17				1			67						
18				1			68						
19			—				69						
20			✗				70						
21				1			71						
22				1			72						
23				1			73						
24			1				74						
25				1			75						
26			1				76						
27				1			77						
28				1			78						
29			1				79						
30				1			80						
31				1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep			6				Total Indep						
Total Depend			20				Total Depend						
Total Claims			26				Total Claims						